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(Agriculture After the War, No 3)



HEALTH PARITY FOR FARMERS

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Transcription by Dr. Frederick D. Mott, U. S. Department of Agriculture, National Activity Leader in Rural Health and Sanitation, National Chairman, Post-War Planning; Mrs. B. M. Carper, Farm Woman of McLean, Virginia; and C. A. Bond, U. S. Department of Agriculture's Radio Service. Recorded November 21, 1944. Time: 7 minutes, 30 seconds, without announcer's parts.

SUGGESTED INTRODUCTION BY STATION ANNOUNCER (OR FARM DIRECTOR) (LIVE)

No post-war goals for American agriculture would be complete without some plans for better rural health. Farmers, like other people, can't do a good job when they're sick. And sickness means not only less efficient work, but doctor bills and suffering.

The U. S. Department of Agriculture has long recognized the fact that sound health is necessary for sound farm management, and that sick farm people represent bad economics as well as a bad social condition. It has done much to improve rural health in past years, but it realizes that much more needs to be done. In fact, right now, agricultural groups are at work making plans for a broadside attack on the entire rural health situation after the war.

And rural health improvement takes plenty of planning. Let's listen now - by transcription - to a discussion by Dr. Frederick D. Mott of the U. S. Department of Agriculture. He's national chairman of the Post-War Planning Committee on Rural Health and Sanitation; Mrs. B. M. Carper, farm woman living near McLean, Virginia; and C. A. Bond of the Department of Agriculture Radio Service. Mr. Bond leads off.

TRANSCRIPTION

BOND:

Dr. Mott, I've heard you speak of a "health parity for farm people." Just what do you mean by "health parity?"

MOTT:

Well, Mr. Bond, I simply mean an equality of health benefits for farm families along with city families. Medical science has made some remarkable advances in recent years, but there's been a lag in applying them in rural areas. There is far too much sickness and disability among farm people from diseases that modern medicine can prevent.

BOND:

I suppose it all goes back to the shortage of doctors in rural areas.

MOTT:

Shortage of doctors, dentists, nurses, hospitals, and so on down the line.

BOND:

Well, we fully realize that the armed forces must have medical people now and are entitled to have them, but the war has made the situation worse at home.

MOTT:

Naturally. We need at least one doctor to every thousand persons, but in farm areas since the war, we often find only one doctor for as many as 3 to 5 thousand -- or even 10,000 people.

BOND:

Now Dr. Mott, you and I can't speak from experience about this rural doctor shortage because we don't live on a farm. But Mrs. Carper can. Mrs. Carper, I understand you and your neighbors know something about this problem -- firsthand.

CARPER:

We certainly do, Mr. Bond. We used to think we were bad off because we had only one doctor in our community. Then he joined the armed forces three years ago, and now we don't have any. Of course, there are several doctors in the county, but they're all over-worked. Our population has nearly doubled since the war.

BOND:

So now you have only about half the doctors in the county to handle almost twice the work...I'd think that would put quite a load on your County Health Department.

CARPER:

It's shorthanded too. We used to have a health officer and an assistant. But for the past two years, we haven't had either. The U. S. Public Health Service loaned us a doctor — but he has to divide his time between 3 counties. And another thing, in our health district covering 3 counties, we haven't a single general hospital.

MOTT:

Nevertheless, Mrs. Carper, I think you're simply describing a situation that is much like that in hundreds of other counties over the country. There's been tremendous expansion in public health work in the past few years but, even so, almost half the counties in the country still lack full-time public health department.

BOND:

But farm people didn't have enough medical service before the war.

MOTT:

No, and there are some reasons for that. The most important probably is that tens of thousands of rural people can't afford good medical care and hospital treatment. They can't support a doctor.

BOND:

Doctors are like other folks — they like to settle where they can make the best living for their families.

MOTT:

And you can't blame them, either, for wanting to locate where they have access to modern hospitals, so they can practice good medicine.

CARPER:

You know, Dr. Mott, I think distances in the country keep some people from getting proper medical care. I know from my own experience. This spring my husband's clothes caught fire while he was working at the barn one morning. And he nearly burned to death. We had to call a doctor to come all the way from town at 5 o'clock. And then my husband had to stay in bed for two months and the doctor had to come out to give him treatments. But I'm sure we'd have had him oftener if he had been closer. Then this summer we wished again we had a doctor right in our community. That was when our little boy fell and broke his collar bone.

BOND:

That's a lot of misfortune in one family, Mrs. Carper. I'll bet it made you wish you knew as much about nursing as you do about milking cows, or cooking for 12 or 15 people...

Well, Dr. Mott, on this health problem for farm people, can you suggest some remedies? It seems to me the situation calls for action along several lines at the same time.

MOTT:

You're right, Mr. Bond. And I, for one, am a strong believer in getting people together to think problems through. I'd suggest as a practical first step, that a community form a health council of some kind -- to study local needs and decide what to do about them.

BOND:

Working together is a time-honored principle among farmers.....Let's see, who'd belong to the Council? Farm people, of course --

MOTT:

Yes, and other persons representing the community such as the school superintendent, welfare director, county agent, FSA supervisor, P-T.A. members. And then the health officer and doctors and dentists.....I think it would be fine if many counties had such councils, and then if the States themselves had councils or committees maybe to guide and coordinate the work of the county councils.

CARPER:

In our State, Dr. Mott, we have a Committee on Rural Health and Medical Care. It's organized very much like you say: It has about 25 members, and it's made up mostly of people representing farm families themselves.

MOTT:

I'm familiar with your Committee and its good work, Mrs. Carper. And I notice, too, that its post-war plans gear into national plans for better rural health.

BOND:

Well now, Dr. Mott, assuming there is a county or community health council, what kind of problems would you give it to work on?

MOTT:

I'd say, the need of a hospital, if there's not already one. Or where a hospital isn't advisable, perhaps the need for a health center. The center could house the health department and maybe provide office space -- or at least an x-ray and laboratory -- for local doctors to use.

BOND:

That way you would encourage more doctors to settle in rural areas -- I mean, by providing good workshops and equipment for them.

CARPER:

And by the way, Dr. Mott, aren't rural communities to get some of this surplus medical equipment the Army is turning back?

MOTT:

Yes, we expect rural communities to be able to get hospital equipment, clinic furnishings, and mobile medical and dental units.

CARPER:

I'd think some of this Army surplus would be useful to public health departments too.....where there are public health departments.

MOTT:

Well, we certainly hope that after the war, it will be possible for every rural county to be covered by a good health department. It costs less to prevent sickness than to cure it, and of course "preventive medicine" is the main job of a health department.

CARPER:

Well, going back to the doctor shortage in farm areas, do you think we can expect some relief when the war is over?

MOTT:

Unfortunately, there's no guarantee that even the doctors who have been in rural areas will go back there when the war is over.

CARPER:

Unless we do something to make them want to go back, you mean?

MOTT:

That's it. We need a program of action to encourage doctors now in the armed forces to go back to rural communities and -- at the same time -- attract young graduates to farm localities.

BOND:

I suppose the matter of increasing the supply of doctors, and holding the ones you get would be another topic for a health council to discuss.

MOTT:

It would be a very important one to study....Taking the long-range view, there might be fellowships to help rural boys get into medical and dental schools....and then return to rural communities to practice. And doctors already in practice could be offered opportunities for post-graduate study to keep up with new developments. That would help improve the quality of rural medical service too.

BOND:

Now Dr. Mott, you've made a number of practical suggestions; but we've barely touched on the question of how to assure doctors and dentists adequate incomes, or how to maintain hospitals once they're built.

MOTT:

You've hit on a very fundamental point there, Mr. Bond.

CARPER:

Dr. Mott, hasn't Farm Security tackled that problem pretty successfully, with its medical and hospital plan?

MOTT:

FSA has done a commendable job, Mrs. Carper. And its prepayment plans -- in which both families and doctors participate voluntarily -- now serve nearly half a million low-income farm people in 41 States. A few other group health plans for farmers have also been started but on a smaller scale.

BOND:

Yet in spite of the good work that's already been done, no single plan solves the entire problem. Is that it?

MOTT:

That's it. But practically everyone agrees that the answer lies in some kind of health insurance program...a program that would spread the risk so the cost of medical care could be shared rather than borne by individual families. Such a program would provide support for doctors and hospitals.

CARPER:

And it would mean better health for farm families after the war.

BOND:

Right, Mrs. Carper....and Dr. Mott. What we want is "health parity" for farmers.

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ANNOUNCER (LIVE)

Discussing "Health Parity for Farmers" today were Dr. Frederick D. Mott of the U. S. Department of Agriculture; Mrs. B. M. Carper, a farm woman of McLean, Virginia; and C. A. Bond of the U. S. Department of Agriculture Radio Service.

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